Case 21-20299 Doc 1 Filed 01/25/21 Entered 01/25/21 16:33:11 Desc Main Document Page 1 of 55

| Fill in this information to identify your case: | | |
|---|---------------------------------|------------------------------------|
| United States Bankruptcy Court for the: | | |
| WESTERN DISTRICT OF TENNESSEE | - | |
| Case number (if known) | _ Chapter you are filing under: | |
| | ☐ Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | Chapter 13 | Check if this is an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

04/20

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself | | | |
|-----|--|--|---|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | |
| 1. | Your full name | | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. | Elaine Middle name Palmer Last name and Suffix (Sr., Jr., II, III) | First name Middle name Last name and Suffix (Sr., Jr., II, III) | _ |
| | | | | |
| 2. | All other names you have used in the last 8 years | | | |
| | Include your married or maiden names. | | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-1979 | | |

Case 21-20299 Doc 1 Filed 01/25/21 Entered 01/25/21 16:33:11 Desc Main Document Page 2 of 55

Debtor 1 Linda Elaine Palmer Case number (if known)

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | | |
|---|--|---|--|--|--|--|
| 4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | | ■ I have not used any business name or EINs. Business name(s) | ☐ I have not used any business name or EINs. Business name(s) EIN | | | |
| 5. | Where you live | 2110 Hallwood Drive | If Debtor 2 lives at a different address: | | | |
| | | Memphis, TN 38107 Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code | | | |
| | | Shelby County | County | | | |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | | |
| 6. | Why you are choosing this district to file for | Check one: | Check one: | | | |
| | bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | | | |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | | | |
| | | | | | | |

Doc 1 Filed 01/25/21 Entered 01/25/21 16:33:11

Case 21-20299 Desc Main Page 3 of 55 Document Debtor 1 Linda Elaine Palmer Case number (if known) Tell the Court About Your Bankruptcy Case Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy 7. The chapter of the Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under ☐ Chapter 7 ☐ Chapter 11 ☐ Chapter 12 Chapter 13 How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for ☐ No. bankruptcy within the last 8 years? Yes. District Western District of TN When 6/12/18 Case number 18-24901 District **Western Dist of Tenn** When 9/13/17 Case number Ch 13 17-28057

When

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

■ No

District

☐ Yes.

Relationship to you Debtor District When Case number, if known Debtor Relationship to you District When Case number, if known

Case number

Do you rent your residence?

No.

Go to line 12.

□ Yes.

Has your landlord obtained an eviction judgment against you?

No. Go to line 12.

Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it as part of this bankruptcy petition.

Case 21-20299 Doc 1 Filed 01/25/21 Entered 01/25/21 16:33:11 Desc Main Document Page 4 of 55

Case number (if known) Debtor 1 Linda Elaine Palmer Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor No. of any full- or part-time Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor or a debtor choosing to Chapter 11 of the proceed under Subchapter V so that it can set appropriate deadlines. If you indicate that you are a small business debtor or Bankruptcy Code, and you are choosing to proceed under Subchapter V, you must attach your most recent balance sheet, statement of operations, are you a small business cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. debtor or a debtor as § 1116(1)(B). defined by 11 U.S.C. § 1182(1)? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy ☐ No. U.S.C. § 101(51D). I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and ☐ Yes. I do not choose to proceed under Subchapter V of Chapter 11. I am filing under Chapter 11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I ☐ Yes. choose to proceed under Subchapter V of Chapter 11. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any No. property that poses or is ☐ Yes. alleged to pose a threat What is the hazard? of imminent and identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs needed, why is it needed? immediate attention? For example, do you own perishable goods, or livestock that must be fed, Where is the property? or a building that needs urgent repairs? Number, Street, City, State & Zip Code

Case 21-20299 Doc 1 Filed 01/25/21 Entered 01/25/21 16:33:11 Desc Main Document Page 5 of 55

Debtor 1 Linda Elaine Palmer

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 ☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 21-20299 Doc 1 Filed 01/25/21 Entered 01/25/21 16:33:11 Desc Main Document Page 6 of 55

| Liliua Liaille Failli | CI | | | Case number | i (ii kilowii) | | |
|--|---|--|---|--|--|--|--|
| 6: Answer These Questi | ions for Re | eporting Purposes | | | | | |
| What kind of debts do you have? | 16a. | Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." | | | | | |
| | | _ | | | | | |
| | 16h | | auginosa dabta? Dusinsa | | that was in assumed to abtain | | |
| | 160. | money for a business or investment or through the operation of the business or investment. | | | | | |
| | | ☐ No. Go to line 16c. | | | | | |
| | | ☐ Yes. Go to line 17. | | | | | |
| | 16c. | State the type of debts you | owe that are not consume | er debts or busines | s debts | | |
| Are you filing under Chapter 7? | ■ No. | I am not filing under Chapte | er 7. Go to line 18. | | | | |
| Do you estimate that after any exempt | ☐ Yes. | | | | | | |
| administrative expenses | | □ No | | | | | |
| are paid that funds will be available for distribution to unsecured creditors? | | ☐ Yes | | | | | |
| How many Creditors do you estimate that you owe? | 1-49 | | □ 1,000-5,000 | | □ 25,001-50,000 | | |
| | ☐ 50-99 | | □ 5001-10,000 | | ☐ 50,001-100,000 | | |
| | | | ☐ 10,001-25,000 |) | ☐ More than100,000 | | |
| | | | | | | | |
| | | • | | | ☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion | | |
| be worth? | | | | | | | |
| | □ \$500,001 - \$1 million | | | | ☐ More than \$50 billion | | |
| | □ \$0 - \$50,000 | | □ \$1,000,001 - \$ | □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion | | | |
| to be? | | | | □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$ | | | |
| | | | | | ☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion | | |
| Simo Balana | — 4000 , | , , , , , , , , , , , , , , , , , , , | | | | | |
| <u> </u> | I have ev | ominad this notition and I do | | rium, that the inform | antian provided is true and sorrest | | |
| you | | ' ' | , , , | , , | • | | |
| | | | | | | | |
| If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out t document, I have obtained and read the notice required by 11 U.S.C. § 342(b). | | | | | | | |
| | I request | relief in accordance with the | chapter of title 11, United | States Code, spec | cified in this petition. | | |
| I understand making a false statement, concealing property, or obtaining money or property by fraud in connection of bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1 and 3571. | | | | | | | |
| | | | | Signature of Debtor | 72 | | |
| | | | | | | | |
| | Executed | on <u>January 25, 2021</u> MM / DD / YYYY | E | | / DD / YYYY | | |
| | Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? How many Creditors do you estimate that you owe? How much do you estimate your assets to be worth? | What kind of debts do you have? 16a. 16b. 16c. 16 | What kind of debts do you have? 16a. | Answer These Questions for Reporting Purposes What kind of debts do you have? 16a. | Answer These Questions for Reporting Purposes What kind of debts do you have? 16a. | | |

Case 21-20299 Doc 1 Filed 01/25/21 Entered 01/25/21 16:33:11 Desc Main Document Page 7 of 55

Debtor 1 Linda Elaine Palmer Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Philip F. Counce Signature of Attorney for Debtor | Date | January 25, 2021 MM / DD / YYYY |
|--|---------------|------------------------------------|
| Philip F. Counce 007942 Printed name | | |
| Philip F. Counce | | |
| 3333 Poplar Avenue Memphis, TN 38111 | | |
| Number, Street, City, State & ZIP Code Contact phone 901-458-0555 | Email address | pfcounce@bellsouth.net |
| Contact phone 901-458-0555 007942 TN Bar number & State | Email audress | produice @bensouth.net |

Case 21-20299 Doc 1 Filed 01/25/21 Entered 01/25/21 16:33:11 Desc Main Document Page 8 of 55

| Fill in this inform | nation to identify your | case: | | |
|---------------------|-------------------------|--------------------|--------------|--|
| Debtor 1 | Linda Elaine Paln | ner | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bar | nkruptcy Court for the: | WESTERN DISTRICT C | OF TENNESSEE | |
| Case number | | | | |
| (if known) | | | | |
| | | | | |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

2/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| | | Your a | ssets of what you own |
|-----|--|-------------|--------------------------|
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 173,300.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 17,915.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 191,215.00 |
| Par | t 2: Summarize Your Liabilities | | |
| | | | abilities It you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 163,617.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 17,924.00 |
| | Your total liabilities | \$ | 181,541.00 |
| Par | t 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 2,362.81 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 665.00 |
| Par | t 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ır other sc | hedules. |
| | ■ Yes | | |

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Case 21-20299 Doc 1 Filed 01/25/21 Entered 01/25/21 16:33:11 Desc Main Document Page 9 of 55

Debtor 1 Linda Elaine Palmer Case number (if known)

| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form |
|----|--|
| | 122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14. |

\$_____1,999.38

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total cla | im |
|--|-----------|------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

Filed 01/25/21 Case 21-20299 Doc 1 Entered 01/25/21 16:33:11 Desc Main

| Official Form 106A/B Schedule A/B: Property 12/15 neach category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where yethink it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. Yes. Where is the property? What is the property? Check all that apply Sireet address, if available, or other description What is the property? Check all that apply Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D. Creditors Who Have Claims Secured by Property Manufactured or mobile home | | Document | Page 10 of 55 | | | |
|--|--|--|--|--|---|---------------------------------------|
| Debtor 2 Classes. If firing) Pirist Name Middle Name Last Name United States Bankruptcy Court for the: WESTERN DISTRICT OF TENNESSEE Case number Check if this is amended filing Difficial Form 106A/B Schedule A/B: Property 12/15 12/16 12/16 12/16 12/16 12/16 12/16 12/16 12/16 12/16 12/16 12/16 12/16 12/16 12 | Fill in this information to identify your case and th | nis filing: | | | | |
| Debtor 2 Spooses, if lifting) First Name Middle Name Last Name | | | | | | |
| United States Bankruptcy Court for the: WESTERN DISTRICT OF TENNESSEE Case number 12/15 12/16 Case and additional pages, write your name and case number (if known). nawer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). nawer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). nawer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). nawer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). name are case porty name and case number (if known). name are case porty name and case number (if known). name are case porty name and case number (if known). name are case porty name and case number (if known). name are case porty name and case number (if known). name are case porty name and case number (if known). name are case porty name and case number (if known). name are case porty name and case number (if known). name are case porty name and case number (if known). name are case only pages, write your name and case number (if known). name are case on number (if known). name are case possib | | e Name | Last Name | | | |
| Case number | | e Name | Last Name | | | |
| Difficial Form 106A/B Schedule A/B: Property 12/15 12/16 | United States Bankruptcy Court for the: WESTERN | I DISTRICT OF TEN | INESSEE | | | |
| each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where ye inink it fits best. Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct from tation. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Inswer every question. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. | Case number | | _ | | | Check if this is an amended filing |
| Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. | Schedule A/B: Property n each category, separately list and describe items. List a hink it fits best. Be as complete and accurate as possibl information. If more space is needed, attach a separate sl | e. If two married peop | ple are filing together, both are | equally respon | nsible for sup | he category where you oplying correct |
| Yes. Where is the property? Single-family home Do not deduct secured claims or exemptions. Put the amount of any secu | Part 1: Describe Each Residence, Building, Land, or Ot | her Real Estate You C | Own or Have an Interest In | | | |
| Street address, if available, or other description Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Land Land Land Land Land Land Land | | What is the propel | rty? Check all that apply | | | |
| Memphis TN 38107-0000 City State ZIP Code Investment property Inmeshare Other Who has an interest in the property? Check one Debtor 1 only County County Current value of the entire property? Check one Describe the nature of your ownership interes (such as fee simple, tenancy by the entireties a life estate), if known. Fee simple Current value of the portion you own? \$173,300.00 \$173,300.00 Describe the nature of your ownership interes (such as fee simple, tenancy by the entireties a life estate), if known. Fee simple Check if this is community property (see instructions) Other information you wish to add about this item, such as local | | Duplex or m | ulti-unit building | the amount of | of any secured | claims on Schedule D: |
| Timeshare Other Other Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties a life estate), if known. Fee simple Shelby Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this item, such as local | <u> </u> | Land | | entire prope | rty? | = = |
| Shelby County Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this item, such as local | Oily State 211 Gode | ☐ Timeshare ☐ Other Who has an intere | est in the property? Check one | Describe the (such as fee a life estate) | e nature of yo simple, tena , if known. | our ownership interest |
| At least one of the debtors and another Check if this is community property (see instructions) Other information you wish to add about this item, such as local | Shelby | _ | | | | |
| | County | ☐ At least one Other information | of the debtors and another you wish to add about this item | (see instr | uctions) | nunity property |
| 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for | County | Debtor 2 onl Debtor 1 and At least one Other information property identification | d Debtor 2 only of the debtors and another you wish to add about this iter ation number: | □ Check i (see instr m, such as loca | f this is comr | nunity property |

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Page 11 of 55 Document Debtor 1 Linda Elaine Palmer Case number (if known) 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles Yes Do not deduct secured claims or exemptions. Put **Mercedez Benz** Who has an interest in the property? Check one Make: the amount of any secured claims on Schedule D: **GLK 350** Creditors Who Have Claims Secured by Property. Model: ■ Debtor 1 only 2010 Year: Debtor 2 only Current value of the Current value of the 120000 Approximate mileage: Debtor 1 and Debtor 2 only entire property? portion you own? Other information: ☐ At least one of the debtors and another \$8,000.00 \$8,000.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$8,000.00 .pages you have attached for Part 2. Write that number here......>> Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No Yes. Describe..... Furniture, appliances & furnishings \$2,000.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games □ No ■ Yes. Describe..... Electronics \$400.00 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No ☐ Yes. Describe..... Examples: Pistols, rifles, shotguns, ammunition, and related equipment No

Case 21-20299

Doc 1

Filed 01/25/21

Entered 01/25/21 16:33:11

Desc Main

| Dok | otor 1 | Case 21-2 | | Doc 1 | Filed 01/25/21 Document | Entered 01/25/21 16:3 Page 12 of 55 Case number | | Desc Main |
|-----|-------------------------------|---|--------------|----------------|--|---|--------------|---|
| _ | _ | Linda Elaine | Paimer | | | Case number | (II Kriowri) | |
| | | Describe | | | | | | |
| | □ No · | | othes, furs, | leather coats | s, designer wear, shoes | , accessories | | |
| • | – 165. | Describe | | | | | 1 | **** |
| | | | Wearing | g apparel a | nd receptables nec | essary to contain same | | \$400.00 |
| | □No | | velry, costi | ume jewelry, | engagement rings, wed | lding rings, heirloom jewelry, watches | s, gems, g | old, silver |
| | | | Jewelry | , | | | 1 | \$100.00 |
| | | | 100 | | | | ı | |
| 14. | Examp ■ No □ Yes. Any ot ■ No | - | d househo | old items you | ມ did not already list, i | ncluding any health aids you did r | ot list | |
| | ☐ Yes. | Give specific info | ormation | • | | | | |
| | for Pa | | number he | | om Part 3, including a | ny entries for pages you have atta | ched | \$2,900.00 |
| Do | you ow | vn or have any le | egal or equ | uitable intere | est in any of the follow | ving? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | J No [′] | | • | | our home, in a safe dep | osit box, and on hand when you file y | our petitio | on |
| | | | | | | Cash | | \$5.00 |
| [| <i>Exam</i> µ ☑ No | | | | I accounts; certificates ounts with the same ins | · | okerage h | ouses, and other similar |
| | | | 17.1. | Checking | Deposits | at First South Fed Cr Un | | \$10.00 |
| ı | <i>Exam</i> ■ No | , mutual funds, onles: Bond funds, | investmen | | th brokerage firms, mor | ney market accounts | | |
| ı | joint v ■ No | ublicly traded sto venture Give specific info | | | | orporated businesses, including a | n interes | t in an LLC, partnership, and |

| _ | | Case 21-20 | | Doc 1 | Filed 01/25/21 Document | Page 13 of 55 | 5/21 16:33:11 | Desc Main |
|----|-------------------------|--|-------------------------------|-------------------------------------|--|---------------------------|--------------------------------------|---|
| De | btor 1 | Linda Elaine F | Palmer | | | | Case number (if known) | |
| | | | Name o | of entity: | | | % of ownership: | |
| ا | Negoti Non-n ■ No | <i>iable instrument</i> s ir | nclude perso nts are those | onal check e you canr ut them | negotiable and non-non-non-non-non-non-non-non-non-non | missory notes, and mo | ney orders. | |
| | | ment or pension a ples: Interests in IR | ccounts | | (k), 403(b), thrift saving | s accounts, or other pe | ension or profit-sharing | plans |
| - | □ Yes. | List each account | separately. Type of ac | count: | Institution r | name: | | |
| | Your s | | deposits yo | u have ma | de so that you may con rent, public utilities (ele | | om a company ommunications compan | ies, or others |
| | | | | | Institution r | name or individual: | | |
| - | ■ No | | | | money to you, either fo | r life or for a number of | years) | |
| | | | ier name an | · | | | | |
| | | ts in an education C. §§ 530(b)(1), 52 | | | n a qualified ABLE pro | ogram, or under a qua | alified state tuition pro | gram. |
| I | ☐ Yes | Inst | itution name | e and desc | ription. Separately file th | ne records of any intere | ests.11 U.S.C. § 521(c): | |
| | ■ No | , equitable or futu Give specific infor | | | rty (other than anythin | ng listed in line 1), and | d rights or powers exe | rcisable for your benefit |
| | | | | | ts, and other intellectu | ial property | | |
| | Examµ ■ No | oles: Internet doma | in names, w | vebsites, p | roceeds from royalties a | | nts | |
| | | Give specific infor | | | | | | |
| | | es, franchises, an oles: Building perm | | | | n holdings, liquor licen | ses, professional license | es |
| | ☐ Yes. | Give specific infor | mation abou | ut them | | | | |
| Мо | oney or | property owed to | you? | | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | _ | funds owed to you | u | | | | | |
| | □ No ■ Yes. | Give specific inforr | mation abou | it them, inc | cluding whether you alre | eady filed the returns ar | nd the tax years | |
| | | | | Тах | refunds | | | Unknown |
| | | support oles: Past due or lu | mp sum alir | mony, spor | usal support, child supp | ort, maintenance, divor | ce settlement, property | settlement |

Official Form 106A/B Schedule A/B: Property page 4

■ Yes. Give specific information.....

Case 21-20299 Doc 1 Filed 01/25/21 Entered 01/25/21 16:33:11 Desc Main Document Page 14 of 55

Debtor 1 Linda Elaine Palmer Case number (if known)

Child support arrears (not property of the estate)

| 30. | Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefit benefits; unpaid loans you made to someone else No | its, sick pay, vacation pay, workers' compe | nsation, Social Security |
|-----|---|---|----------------------------|
| | ☐ Yes. Give specific information | | |
| 31. | Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HS No | SA); credit, homeowner's, or renter's insurar | nce |
| | ☐ Yes. Name the insurance company of each policy and list its value. Company name: | Beneficiary: | Surrender or refund value: |
| 32. | Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insu someone has died. | rance policy, or are currently entitled to reco | eive property because |
| | ■ No □ Yes. Give specific information | | |
| | | | |
| 33. | Claims against third parties, whether or not you have filed a lawsuit of Examples: Accidents, employment disputes, insurance claims, or rights to | | |
| | ■ No □ Yes. Describe each claim | | |
| | | | |
| 34. | Other contingent and unliquidated claims of every nature, including on No | counterclaims of the debtor and rights to | set off claims |
| | ☐ Yes. Describe each claim | | |
| 35. | Any financial assets you did not already list | | |
| | ■ No | | |
| | ☐ Yes. Give specific information | | |
| 36 | . Add the dollar value of all of your entries from Part 4, including any for Part 4. Write that number here | | \$7,015.00 |
| Pa | rt 5: Describe Any Business-Related Property You Own or Have an Interest In. | List any real estate in Part 1. | |
| | | | |
| | Do you own or have any legal or equitable interest in any business-related prop No. Go to Part 6. | perty? | |
| | Yes. Go to line 38. | | |
| | | | |
| Pa | rt 6: Describe Any Farm- and Commercial Fishing-Related Property You Own of If you own or have an interest in farmland, list it in Part 1. | or Have an Interest In. | |
| 46. | Do you own or have any legal or equitable interest in any farm- or co | mmercial fishing-related property? | |
| | ■ No. Go to Part 7. | | |
| | ☐ Yes. Go to line 47. | | |
| Pa | Describe All Property You Own or Have an Interest in That You Did N | lot List Above | |
| 53. | Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership | | |
| | ■ No □ Yes. Give specific information | | |
| | - 100. Dive openino iniornation | | |

Official Form 106A/B Schedule A/B: Property page 5

\$7,000.00

Case 21-20299 Doc 1 Filed 01/25/21 Entered 01/25/21 16:33:11 Desc Main Document Page 15 of 55

Debtor 1 **Linda Elaine Palmer** Case number (if known) 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$173,300.00 Part 2: Total vehicles, line 5 56. \$8,000.00 57. Part 3: Total personal and household items, line 15 \$2,900.00 Part 4: Total financial assets, line 36 58. \$7,015.00 Part 5: Total business-related property, line 45 59. \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 61. \$0.00 Total personal property. Add lines 56 through 61... Copy personal property total 62. \$17,915.00 \$17,915.00 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$191,215.00

Official Form 106A/B Schedule A/B: Property page 6

Case 21-20299 Doc 1 Filed 01/25/21 Entered 01/25/21 16:33:11 Desc Mail Document Page 16 of 55

| Fill in this inform | | | | | |
|---|-------------------|--------------------|--------------|--|---------------------|
| Debtor 1 | Linda Elaine Paln | ner | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Bankruptcy Court for the: | | WESTERN DISTRICT O | OF TENNESSEE | | |
| Case number | | | | | |
| (if known) | | | | | Check if this is an |
| | | | | | amended filing |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | Identify t | the Property | You Claim : | as Exempt |
|---------|------------|--------------|-------------|-----------|
|---------|------------|--------------|-------------|-----------|

| 1. | Which set of exemptions are | vou claiming? | Check one only. | even if your spo | ouse is filing with you |
|----|-----------------------------|---------------|-----------------|------------------|-------------------------|
| | | | | | |

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim | | Specific laws that allow exemption |
|--|--------------------------------------|-----------------------------------|---|------------------------------------|
| | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| 2110 Hallwood Drive Memphis, TN 38107 Shelby County | \$173,300.00 | \$5,000.00 | | Tenn. Code Ann. § 26-2-301 |
| Line from Schedule A/B: 1.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| 2010 Mercedez Benz GLK 350 120000 miles | \$8,000.00 | | \$1.00 | Tenn. Code Ann. § 26-2-103 |
| Line from Schedule A/B: 3.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Furniture, appliances & furnishings Line from Schedule A/B: 6.1 | \$2,000.00 | | \$2,000.00 | Tenn. Code Ann. § 26-2-103 |
| Ellie Holli Gonedale A. B. G. I | | | 100% of fair market value, up to any applicable statutory limit | |
| Electronics Line from Schedule A/B: 7.1 | \$400.00 | | \$400.00 | Tenn. Code Ann. § 26-2-103 |
| LINE HOLL SCHEUGE PAD. 1.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Wearing apparel and receptables | \$400.00 | | 100% of FMV | Tenn. Code Ann. § 26-2-104 |
| necessary to contain same Line from Schedule A/B: 11.1 | | | 100% of fair market value, up to any applicable statutory limit | |

Case 21-20299 Doc 1 Filed 01/25/21 Entered 01/25/21 16:33:11 Desc Main Document Page 17 of 55

| or 1 Linda Elaine Paimer | | | Case number (if known) | |
|---|---|---------|---|---|
| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | | | Specific laws that allow exemption |
| | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| Jewelry Line from <i>Schedule A/B</i> : 12.1 | \$100.00 | | \$100.00 | Tenn. Code Ann. § 26-2-103 |
| | | | 100% of fair market value, up to any applicable statutory limit | |
| Cash | \$5.00 ■ | | \$5.00 | Tenn. Code Ann. § 26-2-103 |
| Line Holli Schedule A/B. 19.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Checking: Deposits at First South | \$10.00 | | \$10.00 | Tenn. Code Ann. § 26-2-103 |
| Line from Schedule A/B: 17.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Tax refunds | Unknown | | \$2,500.00 | Tenn. Code Ann. § 26-2-103 |
| Line Holli Schedule A/B. 25.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Subject to adjustment on 4/01/22 and every | | | led on or after the date of adjustmer | nt.) |
| | | ال مالك | OAE dave before you filed this seed | |
| , , , , , , | ed by the exemption wi | tnin 1 | ,215 days before you filed this case | , |
| | | | | |
| | Grief description of the property and line on Schedule A/B that lists this property Jewelry Line from Schedule A/B: 12.1 Cash Line from Schedule A/B: 16.1 Checking: Deposits at First South Fed Cr Un Line from Schedule A/B: 17.1 Tax refunds Line from Schedule A/B: 28.1 Are you claiming a homestead exemption Subject to adjustment on 4/01/22 and every | Cash | Brief description of the property and line on Schedule A/B that lists this property Copy the value from Schedule A/B: 12.1 Cash | Current value of the portion you own Copy the value from Schedule A/B that lists this property Stockedule A/B that lists this property Stockedule A/B |

Case 21-20299 Doc 1 Filed 01/25/21 Entered 01/25/21 16:33:11 Desc Main Document Page 18 of 55

| | | | Document Page | 18 c | of 55 | | |
|----------|---------------------------------------|----------------------|---|----------|----------------------|--|---------------|
| Fill | in this informati | on to identify you | r case: | | | | |
| Deb | otor 1 | Linda Elaine Pal | mer | | | | |
| | | First Name | Middle Name Last Nam | е | | - | |
| | otor 2 | Circl Name | Middle News | _ | | - | |
| (Spoi | use if, filing) | First Name | Middle Name Last Nam | е | | | |
| Unit | ted States Bankru | uptcy Court for the: | WESTERN DISTRICT OF TENNESSEE | | | - | |
| | e number | | | | | | |
| (if kn | own) | | | | | _ | if this is an |
| | | | | | | amend | ded filing |
| Off | icial Form 1 | 06D | | | | | |
| | | | Who Have Claims Secu | rod | by Droport | | 40/45 |
| <u> </u> | nedule D | Creditors | Who Have Claims Secu | eu | by Propert | <u>y </u> | 12/15 |
| is ne | | | f two married people are filing together, both a out, number the entries, and attach it to this for | | | | |
| | • | e claims secured by | your property? | | | | |
| | _ ` | - | nis form to the court with your other schedule | s. You | have nothing else | to report on this form. | |
| | _ | of the information b | · | | nare neumig elec | | |
| | | | Delow. | | | | |
| | | ecured Claims | | | Column A | Column B | Column C |
| | | | nore than one secured claim, list the creditor separ a particular claim, list the other creditors in Part 2. | | Amount of claim | Value of collateral | Unsecured |
| | | | cal order according to the creditor's name. | | Do not deduct the | that supports this | portion |
| | BSI Financia | I Services & | | | value of collateral. | claim | If any |
| 2.1 | Servis One I | | Describe the property that secures the claim: | | \$140,000.00 | \$173,300.00 | \$0.00 |
| | Creditor's Name | | 2110 Hallwood Drive Memphis, TN 38107 Shelby County | | | | |
| | 7500 Old Ge | orgetown | | | | | |
| | Road, Suite | • | As of the date you file, the claim is: Check all the apply. | at | | | |
| | Bethesda, M | D 20814 | Contingent | | | | |
| | Number, Street, City | , State & Zip Code | ☐ Unliquidated | | | | |
| | | | Disputed | | | | |
| Who | o owes the debt? | Check one. | Nature of lien. Check all that apply. | | | | |
| _ | Debtor 1 only | | ☐ An agreement you made (such as mortgage c car loan) | or secur | ed | | |
| _ | Debtor 2 only | | | | | | |
| _ | Debtor 1 and Debto | , | ☐ Statutory lien (such as tax lien, mechanic's lie | n) | | | |
| _ | | ebtors and another | ☐ Judgment lien from a lawsuit | | | | |
| | Check if this claim community debt | relates to a | U Other (including a right to offset) | | | | |
| Date | debt was incurre | d | Last 4 digits of account number | | | | |

Case 21-20299 Doc 1 Filed 01/25/21 Entered 01/25/21 16:33:11 Desc Main Document Page 19 of 55

| Debtor 1 Linda Elaine Palmer | | Case number (if known) | | | | |
|---|--|------------------------|--------------|-------------|--|--|
| First Name Middl | le Name Last Name | | | | | |
| City of Memphis Treasurer | Describe the property that secures the claim: | \$0.00 | \$173,300.00 | \$0.00 | | |
| Creditor's Name | 2110 Hallwood Drive Memphis, TN 38107 Shelby County | | | | | |
| 125 North Main #375 Memphis, TN 38103 | As of the date you file, the claim is: Check all that apply. Contingent | Ī. | | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated ☐ Disputed | | | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | | | |
| ■ Debtor 1 only □ Debtor 2 only | ☐ An agreement you made (such as mortgage or car loan) | secured | | | | |
| Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien |) | | | | |
| ☐ At least one of the debtors and another | <u> </u> | '/ | | | | |
| Check if this claim relates to a community debt | | xes paid through escr | ow | | | |
| Date debt was incurred | Last 4 digits of account number | | | | | |
| Credit Acceptance | | | | | | |
| 2.3 Credit Acceptance Corporation | Describe the property that secures the claim: | \$23,617.00 | \$8,000.00 | \$15,617.00 | | |
| Creditor's Name | 2010 Mercedez Benz GLK 350 | | | | | |
| Silver Triangle Building | 120000 miles | | | | | |
| 25505 W. Twelve Mile Rd. | | | | | | |
| Suite 3000 | As of the date you file, the claim is: Check all that apply. | | | | | |
| Southfield, MI 48034 | Contingent | | | | | |
| Number, Street, City, State & Zip Code | Unliquidated | | | | | |
| Who owes the debt? Check one. | ☐ Disputed Nature of lien. Check all that apply. | | | | | |
| _ | | | | | | |
| ■ Debtor 1 only □ Debtor 2 only | An agreement you made (such as mortgage or car loan) | secured | | | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien | n) | | | | |
| ☐ At least one of the debtors and another | er | | | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) | | | | | |
| Date debt was incurred | Last 4 digits of account number | | | | | |
| 2.4 Pace Financial, LLC | Describe the property that secures the claim: | \$0.00 | \$173,300.00 | \$0.00 | | |
| Creditor's Name Attention: Bankruptcy | 2110 Hallwood Drive Memphis, TN 38107 Shelby County | | | | | |
| Dept PO Box 682187 | As of the date you file, the claim is: Check all that apply. | : : | | | | |
| Franklin, TN 37068 | Contingent | | | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated | | | | | |
| Who owes the debt? Check one. | ☐ Disputed Nature of lien. Check all that apply. | | | | | |
| Debtor 1 only | ☐ An agreement you made (such as mortgage or | secured | | | | |
| Debtor 2 only | car loan) | | | | | |
| Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien |)) | | | | |
| ☐ At least one of the debtors and another | <u> </u> | , | | | | |
| ☐ Check if this claim relates to a | ☐ Other (including a right to offset) | | | | | |
| community debt | | | | | | |
| Date debt was incurred | Last 4 digits of account number | | | | | |

Case 21-20299 Doc 1 Filed 01/25/21 Entered 01/25/21 16:33:11 Desc Main Document Page 20 of 55

| Debtor 1 Linda Elaine Palmer | | Case number (if known) | | | | | |
|--|---|--------------------------------------|------------------------------|-----------|--|--|--|
| First Name Middle N | ame Last Name | | | | | | |
| 2.5 Shelby County Trustee | Describe the property that secures the claim: | \$0.00 | \$173,300.00 | \$0.00 | | | |
| Creditor's Name | 2110 Hallwood Drive Memphis, TN 38107 Shelby County | | | | | | |
| P.O. Box 2751 Memphis, TN 38101-2751 Number, Street, City, State & Zip Code | As of the date you file, the claim is: Check all the apply. Contingent Unliquidated Disputed | at | | | | | |
| Who owes the debt? Check one. Debtor 1 only | Nature of lien. Check all that apply. An agreement you made (such as mortgage of car loan) | or secured | | | | | |
| ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim relates to a community debt | ⁿ⁾ taxes paid through escro | w | | | | | |
| Date debt was incurred | Last 4 digits of account number | | | | | | |
| Add the dollar value of your entries in C If this is the last page of your form, add Write that number here: Part 2: List Others to Be Notified for | | \$163,617.0 \$163,617.0 | | | | | |
| trying to collect from you for a debt you o | e notified about your bankruptcy for a debt that we to someone else, list the creditor in Part 1, a you listed in Part 1, list the additional creditors is page. | and then list the collection agen | cy here. Similarly, if you h | nave more | | | |
| Name, Number, Street, City, State 8 BSI Financial Services 314 S Franklin St./ Second PO Box 517 Titusville, PA 16354 | | n which line in Part 1 did you enter | the creditor? 2.1 | | | | |
| Name, Number, Street, City, State 8 BSI Financial Services 1425 Greenway Drive, Ste Irving, TX 75038 | | n which line in Part 1 did you enter | the creditor? _2.1_ | | | | |

Case 21-20299 Doc 1 Filed 01/25/21 Entered 01/25/21 16:33:11 Desc Main Document Page 21 of 55

| | | Document | Page 21 of 55 | |
|---|--|--|--|---|
| Fill in this i | nformation to identify your | case: | | |
| Debtor 1 | Linda Elaine Paln | ner | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | ri) First Name | Middle Name | Loot Nama | |
| (Spouse if, filing | g) First Name | Middle Name | Last Name | |
| United State | es Bankruptcy Court for the: | WESTERN DISTRICT OF T | ENNESSEE | |
| Case numb | er | | | |
| (if known) | | | | ☐ Check if this is an |
| | | | | amended filing |
| Official F | Form 106E/F | | | |
| | le E/F: Creditors W | ho Have Unsecure | d Claims | 12/15 |
| | | | RITY claims and Part 2 for creditors with NONP | |
| Schedule G: Schedule D: (Schedule D: (left. Attach th | Executory Contracts and Unexp Creditors Who Have Claims Sec | ired Leases (Official Form 106G ured by Property. If more space | so list executory contracts on Schedule A/B: Pro). Do not include any creditors with partially se is needed, copy the Part you need, fill it out, no report in a Part, do not file that Part. On the top | cured claims that are listed in umber the entries in the boxes on the |
| | ist All of Your PRIORITY Un | | | |
| 1. Do any o | creditors have priority unsecure | d claims against you? | | |
| | Go to Part 2. | | | |
| ☐ Yes. | | | | |
| Part 2: | ist All of Your NONPRIORIT | Y Unsecured Claims | | |
| | reditors have nonpriority unsec | | | |
| | ou have nothing to report in this p | | vith your other schedules | |
| _ | ou have nouning to report in the p | art. Oubmit this form to the oddit h | an your outer concounce. | |
| Yes. | | | | |
| unsecure | ed claim, list the creditor separately | / for each claim. For each claim lis | f the creditor who holds each claim. If a creditor sted, identify what type of claim it is. Do not list clair ou have more than three nonpriority unsecured claim | ms already included in Part 1. If more |
| | | | | Total claim |
| 4.1 Am | nerican Inforsource LP | Last 4 digits of a | account number | \$296.00 |
| | priority Creditor's Name | When wee the | | |
| _ |). Box 248838 Iahoma City, OK 73124-8 | When was the d | ept incurred? | |
| | nber Street City State Zip Code | | ou file, the claim is: Check all that apply | |
| Who | incurred the debt? Check one. | | | |
| = [| Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | At least one of the debtors and and | | IORITY unsecured claim: | |
| | Check if this claim is for a com | | | |
| deb Is th | t ne claim subject to offset? | ☐ Obligations ar report as priority | rising out of a separation agreement or divorce that claims | t you did not |
| e | - | | sion or profit-sharing plans, and other similar debts | |
| _ · | | Other. Specify | | |
| _ | | — Other, Specify | ′ | |

Case 21-20299 Doc 1 Filed 01/25/21 Entered 01/25/21 16:33:11 Desc Main Document Page 22 of 55

| Debio | Liliua Elaille Fallilei | | |
|-------|---|---|------------|
| 4.2 | AT&T | Last 4 digits of account number | \$3,139.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Dept One AT&T Way, Room 3A104 Bedminster, NJ 07921 | When was the debt incurred? | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify | |
| | Bridgecrest Credit / DriveTime | | |
| 4.3 | Credit Co Nonpriority Creditor's Name | Last 4 digits of account number | \$0.00 |
| | Attn: Bankruptcy Dept PO Box 29018 Phoenix, AZ 85038 | When was the debt incurred? | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ■ Contingent | |
| | Debtor 2 only | ■ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify | |
| 4.4 | Caballero Family Healthcare Group Nonpriority Creditor's Name | Last 4 digits of account number | \$67.00 |
| | c/o Universal Collection Systems 5240 Mendenhall Park Place Memphis, TN 38115 | When was the debt incurred? | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other, Specify | |
| | | | |

Case 21-20299 Doc 1 Filed 01/25/21 Entered 01/25/21 16:33:11 Desc Main Document Page 23 of 55

| Debt | or 1 Linda Elaine Palmer | Case number (if known) | |
|------|---|---|------------|
| 4.5 | Capital One Bank | Last 4 digits of account number | \$1,916.00 |
| , | Nonpriority Creditor's Name Attn: Bankruptcy P. O. Box 30285 | When was the debt incurred? | · · · |
| | Salt Lake City, UT 84130-0285 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | lacktriangle Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify | |
| 4.6 | Citibank | Last 4 digits of account number | \$0.00 |
| | Nonpriority Creditor's Name PO Box 6500 Sioux Falls, SD 57117 | When was the debt incurred? | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | _ | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ■ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ■ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify | |
| 4.7 | City of Memphis EMS Services Nonpriority Creditor's Name | Last 4 digits of account number | \$190.00 |
| | Dpt 527 PO Box 1000 Memphis, TN 38148 | When was the debt incurred? | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | Check if this claim is for a community | Student loans | |
| | debt Is the claim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | ■ No | Other Specify | |
| | L Tes | ()ther Specify | |

Case 21-20299 Doc 1 Filed 01/25/21 Entered 01/25/21 16:33:11 Desc Main Document Page 24 of 55

| 40 | - Linua Elame Palmer | Case Humber (I Nilowii) | 40.00 |
|-----|--|--|---------------|
| 4.8 | FedLoan Servicing Nonpriority Creditor's Name | Last 4 digits of account number | \$0.00 |
| | PO Box 69184 | When was the debt incurred? | |
| | Harrisburg, PA 17106-9184 | - A the beautiful and the beau | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | _ | ☐ Unliquidated | |
| | Debtor 2 only | ☐ Disputed | |
| | ☐ Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | At least one of the debtors and another | Student loans | |
| | ☐ Check if this claim is for a community debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | Other. Specify | |
| 4.9 | First Matranalitan Financial | Last 4 digits of account number | \$7.194.00 |
| 4.5 | First Metropolitan Financial Nonpriority Creditor's Name | | \$7,181.00 |
| | 6295 Summer Ave., Suite 101 | When was the debt incurred? | |
| | Memphis, TN 38134 Number Street City State Zip Code | As of the date year file the plains in Observal, all the translation | |
| | Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | | |
| | Debtor 1 and Debtor 2 only | ☐ Unliquidated | |
| | At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecured claim: | |
| | _ | Student loans | |
| | ☐ Check if this claim is for a community debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify | |
| 4.1 | General Sessions Court | | \$0.00 |
| 0 | Nonpriority Creditor's Name | Last 4 digits of account number | \$0.00 |
| | Docket No. 1879407 | When was the debt incurred? | |
| | 140 Adams Ave., # 106 | | |
| | Memphis, TN 38103 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | As of the date you me, the claim is. Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | Unliquidated | |
| | Debtor 1 and Debtor 2 only | Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | _ | Student loans | |
| | ☐ Check if this claim is for a community debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | □Yes | Other Specify First Metropolitan | |

Case 21-20299 Doc 1 Filed 01/25/21 Entered 01/25/21 16:33:11 Desc Main Document Page 25 of 55

Debtor 1 Linda Flaine Palmer (If known)

| Debt | or 1 Linda Elaine Palmer | Case number (if known) | |
|----------|---|---|---------------------------------------|
| 4.1 | General Sessions Court | | \$0.00 |
| 1 | Nonpriority Creditor's Name Docket No. 1662766 | Last 4 digits of account number When was the debt incurred? | \$0.00 |
| | 140 Adams Ave., # 106 | when was the dept incurred: | |
| | Memphis, TN 38103 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | _ | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify City Direct LLC | |
| 4.1 | General Sessions Court | Last 4 digits of account number | \$0.00 |
| | Nonpriority Creditor's Name | | 40.00 |
| | Docket No. 1201109 | When was the debt incurred? | |
| | 140 Adams Ave., # 106 Memphis, TN 38103 | | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | ■ Other. Specify Capital One Bank | |
| 4.1 3 | Jefferson Capital Systems, LLC | Last 4 digits of account number | \$0.00 |
| J | Nonpriority Creditor's Name | | · · · · · · · · · · · · · · · · · · · |
| | PO Box 7999 | When was the debt incurred? | |
| | Saint Cloud, MN 56302-9617 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ■ Debtor 1 only | Contingent | |
| | Debtor 2 only | ■ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | □ Debts to pension or profit-sharing plans, and other similar debts | |
| | | _ | |
| | ☐ Yes | Other. Specify | |

Case 21-20299 Doc 1 Filed 01/25/21 Entered 01/25/21 16:33:11 Desc Main Document Page 26 of 55

| Debtor | 1 Linda Elaine Palmer | Case number (if known) | | | | |
|--------|---|---|----------|--|--|--|
| 4.1 | Memphis Surgery Associates PC St Francis | Last 4 digits of account number | \$403.00 | | | |
| | Nonpriority Creditor's Name Universal Collection Systems 5240 Mendenhall Park Place | When was the debt incurred? | | | | |
| | Memphis, TN 38115 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | |
| | ■ No | lacksquare Debts to pension or profit-sharing plans, and other similar debts | | | | |
| | Yes | Other. Specify | | | | |
| 4.1 | Navient | Last 4 digits of account number | \$0.00 | | | |
| | Nonpriority Creditor's Name | | | | | |
| | Department of Education Loan Servicing P.O. Box 9635 | When was the debt incurred? | | | | |
| | Wilkes Barre, PA 18773-9635 | | | | | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | | | | |
| | Who incurred the debt? Check one. | _ | | | | |
| | ■ Debtor 1 only | Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured claim: | | | | |
| | At least one of the debtors and another | Student loans | | | | |
| | ☐ Check if this claim is for a community debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | | | | |
| | Is the claim subject to offset? | report as priority claims | | | | |
| | ■ No | lacksquare Debts to pension or profit-sharing plans, and other similar debts | | | | |
| | Yes | ☐ Other. Specify | | | | |
| 4.1 | Ocwen Loan Servicing, LLC | Last 4 digits of account number | \$0.00 | | | |
| | Nonpriority Creditor's Name | | | | | |
| | Attn: Bankruptcy Dept. PO Box 24781 West Palm Beach, FL 33416-4781 | When was the debt incurred? | | | | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | | | | |
| | Who incurred the debt? Check one. | | | | | |
| | ■ Debtor 1 only | Contingent | | | | |
| | ☐ Debtor 2 only | ■ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ■ Disputed | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | |
| | Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | |
| | Yes | ■ Other. Specify reaffirmationrequest@ocwen.com | | | | |

Case 21-20299 Doc 1 Filed 01/25/21 Entered 01/25/21 16:33:11 Desc Main Document Page 27 of 55

| Deb | Linda Elaine Palmer | Case number (if known) | |
|----------|--|---|------------|
| 4.1 7 | Pace Financial, LLC | Last 4 digits of account number | \$3,037.00 |
| - | Nonpriority Creditor's Name Attention: Bankruptcy Dept PO Box 682187 | When was the debt incurred? | |
| | Franklin, TN 37068 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | _ | П | |
| | ■ Debtor 1 only | Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured claim: | |
| | At least one of the debtors and another | Student loans | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify | |
| 4.1 8 | Resurgent Capital Serivces | Last 4 digits of account number | \$30.00 |
| 0 | Nonpriority Creditor's Name PO Box 10587 | When was the debt incurred? | ******* |
| | Greenville, SC 29603 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | lacktriangle Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | Other. Specify | |
| 4.1 9 | Speedy/Rapid Cash | Last 4 digits of account number | \$901.00 |
| | Nonpriority Creditor's Name PO Box 780408 Wichita, KS 67278 | When was the debt incurred? | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | □ Unliquidated | |
| | Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | lacktriangle Debts to pension or profit-sharing plans, and other similar debts | |
| | ∏ yes | Other Chesity | |

Case 21-20299 Doc 1 Filed 01/25/21 Entered 01/25/21 16:33:11 Desc Main Document Page 28 of 55

| Debt | or 1 Linda Elaine Palmer | Case number (if known) | |
|----------|--|--|----------|
| 4.2 0 | Suntrust Bank | Last 4 digits of account number | \$764.00 |
| <u> </u> | Nonpriority Creditor's Name Bankruptcy Dept PO Box 85092 | When was the debt incurred? | |
| | Richmond, VA 23286 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify | |
| 4.2 1 | US Bank Home Mortgage | Last 4 digits of account number | \$0.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Dept 4801 Frederick St. Owensboro, KY 42301 | When was the debt incurred? | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | $\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify | |
| 4.2 2 | US Department of Education Nonpriority Creditor's Name | Last 4 digits of account number | \$0.00 |
| | Attn: Bankruptcy 400 Maryland Ave. SW Washington, DC 20202 | When was the debt incurred? | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | Student loans | |
| | debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | ☐ Other. Specify | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you

Case 21-20299 Doc 1 Filed 01/25/21 Entered 01/25/21 16:33:11 Desc Main Document Page 29 of 55

Debtor 1 Linda Elaine Palmer Case number (if known)

| have more than one creditor for any of the debts the notified for any debts in Parts 1 or 2, do not fill out | | dditional creditors here. If you do not have additional persons to be |
|--|---|--|
| Name and Address Albertelli Law 401 Commerce St., Suite 150 Nashville, TN 37219 | On which entry in Part 1 or Part 2 did Line 4.21 of (<i>Check one</i>): | you list the original creditor? □ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims |
| Nashville, TN 37213 | Last 4 digits of account number | |
| Name and Address Capital One Bank PO Box 70884 Charlotte, NC 28272 | On which entry in Part 1 or Part 2 did Line 4.5 of (<i>Check one</i>): | you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| | Last 4 digits of account number | |
| Name and Address City Direct LLC 5116 Raleigh LaGrange Rd Bartlett, TN 38134 | On which entry in Part 1 or Part 2 did Line 4.17 of (Check one): | you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| | Last 4 digits of account number | |
| Name and Address Drive Time Credit Company Attn: Bankruptcy Dept PO Box 52020 Phoenix, AZ 85072 | On which entry in Part 1 or Part 2 did Line 4.13 of (Check one): | you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| | Last 4 digits of account number | |
| Name and Address Fenton & McGarvey Law Firm, PSC Attorneys at Law 2401 Stanley Gault Pkwy Louisville, KY 40223 | On which entry in Part 1 or Part 2 did Line 4.5 of (<i>Check one</i>): Last 4 digits of account number | you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| | | |
| Name and Address Pace Financial, LLC, FDBA City Direct, LLC and Park Funding c/o Stone, Higgs & Drexler 150 Court Avenue | On which entry in Part 1 or Part 2 did Line 4.17 of (Check one): | you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| Memphis, TN 38103 | Last 4 digits of account number | |
| Name and Address Padgett Law Group 6267 Old Water Oak Rd, Suite 203 Tallahassee, FL 32312 | On which entry in Part 1 or Part 2 did Line 4.6 of (Check one): | you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| | Last 4 digits of account number | |
| Name and Address Shapiro & Ingle, LLP 10130 Perimeter Parkway, Suite 400 Charlotte, NC 28216 | On which entry in Part 1 or Part 2 did Line 4.16 of (Check one): | you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| Grianotte, NG 20210 | Last 4 digits of account number | |
| Name and Address Stone, Higgs & Drexler Attorneys at Law 150 Court Avenue Memphis, TN 38103 | On which entry in Part 1 or Part 2 did Line 4.9 of (Check one): | you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| | Last 4 digits of account number | |
| Name and Address Stone, Higgs & Drexler Attorneys at Law 150 Court Avenue Memphis, TN 38103 | On which entry in Part 1 or Part 2 did Line 4.17 of (Check one): | you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| | Last 4 digits of account number | |
| Name and Address | On which entry in Part 1 or Part 2 did | you list the original creditor? |

Official Form 106 E/F

Case 21-20299 Doc 1 Filed 01/25/21 Entered 01/25/21 16:33:11 Desc Main Document Page 30 of 55

Debtor 1 Linda Elaine Palmer

Case number (if known)

Universal Collection Systems PO Box 751090 Memphis, TN 38175 Line 4.7 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | | Total Claim |
|--------------------------|------------|---|------------|----------|------------------|
| | 6a. | Domestic support obligations | 6a. | \$ | 0.00 |
| Total claims | | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ | 0.00 |
| | 6f. | Student loans | 6f. | \$ | Total Claim 0.00 |
| Total claims from Part 2 | 6g. 6h. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | 6g. 6h. | \$ \$ | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 17,924.00 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 17,924.00 |

Case 21-20299 Doc 1 Filed 01/25/21 Entered 01/25/21 16:33:11 Desc Main Document Page 31 of 55

| Fill in this infor | rmation to identify your | case: | | |
|---------------------|--------------------------|--------------------|--------------|----------------------|
| Debtor 1 | Linda Elaine Paln | ner | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | WESTERN DISTRICT C | OF TENNESSEE | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is a |
| | | | | amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | company with | whom you have the | e contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|-------------------|---------------------|---|
| 2.1 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.3 | , | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.4 | , | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.5 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | - |

Case 21-20299 Doc 1 Filed 01/25/21 Entered 01/25/21 16:33:11 Desc Main Document Page 32 of 55

| | | Docume | nt Page 32 of | 55 |
|---|--|---|---|---|
| Fill in this inf | ormation to identify you | r case: | | |
| Debtor 1 | Linda Elaine Pa | Imer | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | |
| | Bankruptcy Court for the: | WESTERN DISTRICT (| OF TENNESSEE | |
| Offica Otales | Bankruptey Court for the. | WEGTERRY DIGITALOT | JI TENNEGGEE | |
| Case number (if known) | | | | ☐ Check if this is an amended filing |
| | orm 106H le H: Your Co | debtors | | 12/15 |
| people are fili fill it out, and your name an | ng together, both are eq number the entries in th d case number (if know | ually responsible for supp | olying correct information the Additional Page to the Additional Pag | complete and accurate as possible. If two married n. If more space is needed, copy the Additional Page this page. On the top of any Additional Pages, write s a codebtor. |
| _ | , | 3 , | | |
| □ No ■ Yes | | | | |
| ■ res | | | | |
| | | ou lived in a community pr a, Nevada, New Mexico, Pu | | ? (Community property states and territories include gton, and Wisconsin.) |
| ■ No. Go | to line 3. | | | |
| ☐ Yes. D | id your spouse, former sp | ouse, or legal equivalent live | e with you at the time? | |
| in line 2 a | again as a codebtor only SD), Schedule E/F (Offici | if that person is a guaran | tor or cosigner. Make su | your spouse is filing with you. List the person show ire you have listed the creditor on Schedule D (Officia G). Use Schedule D, Schedule E/F, or Schedule G to f |
| | umn 1: Your codebtor e, Number, Street, City, State and | ZIP Code | | Column 2: The creditor to whom you owe the debt Check all schedules that apply: |
| | mesha Palmer I5 North Tennessee B | | | ☐ Schedule D, line |

Case 21-20299 Doc 1 Filed 01/25/21 Entered 01/25/21 16:33:11 Desc Main Document Page 33 of 55

| | | | | | | _ | | | | |
|--------------------|--|---|--|--------------------|----------------|-------------------|------------------------|--------------------------|------------------------------|-----------------|
| Fill | in this information to identify your of | case: | | | | | | | | |
| Del | otor 1 Linda Elain | e Palmer | | | _ | | | | | |
| | otor 2 ouse, if filing) | | | | | | | | | |
| Uni | ted States Bankruptcy Court for the | e: WESTERN DISTRICT | Γ OF TENNESSEE | | | | | | | |
| | se number | | - | | | □ A | | nt showing | g postpetition | |
| \sim | fficial Forms 400l | | | | | 13 | 3 income a | s of the fo | ollowing date: | |
| | fficial Form 106I | | | | | M | M / DD/ Y | YYY | | |
| | chedule I: Your Inc | | | | | | | _ | | 12/15 |
| sup spo atta | plying correct information. If you use. If you are separated and yo ch a separate sheet to this form. **Describe Employment** | i are married and not filli ur spouse is not filing wi On the top of any additi | ng jointly, and your sith you, do not inclu | spouse de infor | is liv mati | ing with on about | you, inclu your spo | ide inforn use. If mo | nation about ore space is | your needed, |
| 1. | Fill in your employment information. | | Debtor 1 | | | | Debtor 2 | or non-fi | ling spouse | |
| | If you have more than one job, | F | ■ Employed | | | | ☐ Employed | | | |
| | attach a separate page with information about additional | Employment status* | ☐ Not employed | | | | ☐ Not employed | | | |
| | employers. | Occupation | Field Representative | | | | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | United States Dept of Commerce | | | | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | Census Bureau 100 South Independence Mall West # 410 Philadelphia, PA 19107 | | | Mall | | | | |
| Par | tt 2: Give Details About Mo | How long employed to | <u> </u> | | t for | Addition | al Employ | ment Info | ormation | |
| Esti | mate monthly income as of the cuse unless you are separated. | • | you have nothing to re | eport for | any | line, write | \$0 in the | space. Inc | clude your no | n-filing |
| | u or your non-filing spouse have me e space, attach a separate sheet to | | ombine the information | n for all | empl | oyers for | that persoi | n on the lii | nes below. If | you need |
| | | | | | | For Deb | otor 1 | | btor 2 or ng spouse | |
| 2. | List monthly gross wages, sale deductions). If not paid monthly, | | | 2. | \$ | 1, | 867.04 | \$ | N/A | |
| 3. | Estimate and list monthly over | time pay. | | 3. | +\$ | | 0.00 | +\$ | N/A | |
| 4. | Calculate gross Income. Add li | ne 2 + line 3. | | 4. | \$ | 1,86 | 67.04 | \$ | N/A | |

Official Form 106I Schedule I: Your Income page 1

| Deb | tor 1 | Linda Elaine Palmer | | _ | | Case | number (if k | nown) | | | | |
|-----|--|---|--|-------------|-----|-----------|--------------|--------------|------|--------------------|-------------|----------|
| | | | | | | Foi | Debtor 1 | | | or Debtor | | |
| | Cop | y line 4 here | | 4. | | \$_ | 1,86 | 7.04 | \$ | | N/A | _ |
| 5. | List | all payroll deductions: | | | | | | | | | | |
| 0. | 5a. 5b. | Tax, Medicare, and Social Securi Mandatory contributions for retir | · • | 5a 5b | | \$_ \$ | | 4.75 0.00 | \$ | | N/A N/A | _ |
| | 5c. | Voluntary contributions for retire | • | 50 | | \$ | | 0.00 | \$ | | N/A | _ |
| | 5d. | Required repayments of retireme | nt fund loans | 50 | d. | \$ | | 0.00 | \$ | | N/A | _ |
| | 5e. | Insurance | | 5e | €. | \$ | 26 | 1.15 | \$ | | N/A | _ |
| | 5f. | Domestic support obligations | | 5f. | | \$_ | | 0.00 | \$ | | N/A | _ |
| | 5g. | Union dues | | 50 | - | \$_ | | 0.00 | \$ | | N/A | _ |
| | 5h. | Other deductions. Specify: | | 5h | 1.+ | \$_ | | 0.00 | + \$ | | N/A | = |
| 6. | Add | the payroll deductions. Add lines 5 | 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | | \$_ | 44 | 5.90 | \$ | | N/A | _ |
| 7. | Cald | culate total monthly take-home pay | Subtract line 6 from line 4. | 7. | | \$_ | 1,42 | 1.14 | \$ | | N/A | _ |
| 8. | List 8a. | all other income regularly received Net income from rental property profession, or farm Attach a statement for each propert receipts, ordinary and necessary by monthly net income. | and from operating a business, ry and business showing gross | 88 | a. | \$ | | 0.00 | \$ | | N/A | |
| | 8b. | Interest and dividends | | 8b | | \$- | | 0.00 | \$ | | N/A | _ |
| | 8c. | Family support payments that yo regularly receive Include alimony, spousal support, c settlement, and property settlement | | t 80 | • | \$ | | 0.00 | \$ | | N/A | _ |
| | 8d. | Unemployment compensation | | 80 | | \$- | | 0.00 | \$ | | N/A | _ |
| | 8e. | Social Security | | 86 | | \$_ | | 0.00 | \$ | | N/A | _ |
| | 8f. | | lue (if known) of any non-cash assistanc ups (benefits under the Supplemental | e 8f | | \$ | | 0.00 | \$ | | N/A | _ |
| | 8g. | Pension or retirement income | | 8g | J. | \$ | | 0.00 | \$ | | N/A | _ |
| | | | Net income from Shelby County | | | | | | | | | _ |
| | 8h. | Other monthly income. Specify: | Schools | 8h | 1.+ | \$_ | 79 | 1.67 | + \$ | | N/A | _ |
| 9. | Add | all other income. Add lines 8a+8b+ | 8c+8d+8e+8f+8g+8h. | 9. | | \$ | 94 | 1.67 | \$ | | N/A | 4 |
| 10. | | culate monthly income. Add line 7 + the entries in line 10 for Debtor 1 and | | 10. | \$_ | | 2,362.81 | + \$ | | N/A | = \$ _ | 2,362.81 |
| 11. | Inclu othe | ide contributions from an unmarried p r friends or relatives. not include any amounts already inclu | the expenses that you list in Schedul artner, members of your household, you ded in lines 2-10 or amounts that are not | r depe | | | | | - | n <i>Schedul</i> e | ∍ J. +\$ | 0.00 |
| 12. | | e that amount on the Summary of Sch | ne 10 to the amount in line 11. The re nedules and Statistical Summary of Certa | | | | | | | | \$ | 2,362.81 |
| 13. | . Do you expect an increase or decrease within the year after you file this form? □ No. | | | | | | Combi | y income | | | | |
| | | Yes, Explain: dehtor's work | land just incressed | | | | | | | | | |

Case 21-20299 Doc 1 Filed 01/25/21 Entered 01/25/21 16:33:11 Desc Main Document Page 35 of 55

| Debtor 1 | Linda Elaine Palmer | Case number (if known) |
|----------|---------------------|------------------------|
|----------|---------------------|------------------------|

Official Form B 6I Attachment for Additional Employment Information

| Debtor | | |
|---------------------|-----------------------|--|
| Occupation | | |
| Name of Employer | Shelby County Schools | |
| How long employed | | |
| Address of Employer | 160 S Hollywood St | |
| . , | Memphis, TN 38112 | |

Official Form 106l Schedule I: Your Income page 3

| Fill | l in this information to identify your case: | | | | | | |
|----------------|---|--|---|--|--|--|--|
| Deb | btor 1 Linda Elaine Palmer | Che | eck if this is: | | | | |
| | btor 2 couse, if filing) | | l | | | | |
| Unit | ited States Bankruptcy Court for the: WESTERN DISTRICT OF TENNESSEE | | MM / DD / YYYY | | | | |
| | se number | | | | | | |
| | known) | | | | | | |
| O ¹ | official Form 106J | | | | | | |
| S | chedule J: Your Expenses | | | 12/15 | | | |
| Be | e as complete and accurate as possible. If two married people are filing toge formation. If more space is needed, attach another sheet to this form. On the mber (if known). Answer every question. | | | | | | |
| Par | rt 1: Describe Your Household Is this a joint case? | | | | | | |
| | ■ No. Go to line 2. | | | | | | |
| | Yes. Does Debtor 2 live in a separate household? | | | | | | |
| | ☐ No ☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate | e Household of De | ebtor 2 | | | | |
| 2. | | 0 1 10 000 110 10 01 00 | | | | | |
| ۷. | Described Debter 4 and | nt's relationship to | Dependent's | Does dependent | | | |
| | | or Debtor 2 | age | live with you? | | | |
| | Do not state the | | | □ No | | | |
| | dependents names. Daughte | er (student) | | ■ Yes | | | |
| | | | | □ No □ Yes | | | |
| | | | _ | □ No | | | |
| | | | | ☐ Yes | | | |
| | | | | □ No | | | |
| 0 | D | | | ☐ Yes | | | |
| 3. | Do your expenses include expenses of people other than | | | | | | |
| | yourself and your dependents? | | | | | | |
| Par | rt 2: Estimate Your Ongoing Monthly Expenses | | | | | | |
| Est | timate your expenses as of your bankruptcy filing date unless you are using penses as of a date after the bankruptcy is filed. If this is a supplemental Sopplicable date. | g this form as a s chedule J, check | supplement in a Cha the box at the top o | apter 13 case to report of the form and fill in the | | | |
| the | clude expenses paid for with non-cash government assistance if you know a value of such assistance and have included it on Schedule I: Your Income fficial Form 106I.) | , | Your exp | enses | | | |
| , | | _ | | | | | |
| 4. | The rental or home ownership expenses for your residence. Include first me payments and any rent for the ground or lot. | nortgage 4. | \$ | 0.00 | | | |
| | If not included in line 4: | | | | | | |
| | 4a. Real estate taxes | 4a. | · | 0.00 | | | |
| | 4b. Property, homeowner's, or renter's insurance | 4b. | | 0.00 | | | |
| | Home maintenance, repair, and upkeep expenses Homeowner's association or condominium dues | 4c. 4d. | · | 0.00 | | | |
| 5. | Additional mortgage payments for your residence, such as home equity loa | | · | 0.00 | | | |

Case 21-20299 Doc 1 Filed 01/25/21 Entered 01/25/21 16:33:11 Desc Main Document Page 37 of 55

| Debtor 1 | Linda Elaine Palmer | Case num | ber (if known) | |
|----------|---|--------------|----------------|--------------------------|
| . Utilit | ies: | | | |
| 6a. | Electricity, heat, natural gas | 6a. | \$ | 225.00 |
| 6b. | Water, sewer, garbage collection | 6b. | \$ | 0.00 |
| 6c. | Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$ | 80.00 |
| 6d. | Other. Specify: | 6d. | \$ | 0.00 |
| Food | l and housekeeping supplies | | \$ | 100.00 |
| | Icare and children's education costs | 8. | \$ | 0.00 |
| Clot | ning, laundry, and dry cleaning | 9. | \$ | 0.00 |
| | onal care products and services | 10. | \$ | 0.00 |
| | cal and dental expenses | 11. | · | 10.00 |
| | sportation. Include gas, maintenance, bus or train fare. | | · | |
| | ot include car payments. | 12. | \$ | 100.00 |
| Ente | rtainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 0.00 |
| Char | itable contributions and religious donations | 14. | \$ | 0.00 |
| Insu | rance. | | | |
| Do n | ot include insurance deducted from your pay or included in lines 4 or 20. | | | |
| 15a. | Life insurance | 15a. | \$ | 0.00 |
| 15b. | Health insurance | 15b. | \$ | 0.00 |
| 15c. | Vehicle insurance | 15c. | \$ | 130.00 |
| 15d. | Other insurance. Specify: | 15d. | \$ | 0.00 |
| Taxe | s. Do not include taxes deducted from your pay or included in lines 4 or 20. | | | |
| Spec | ify: | 16. | \$ | 0.00 |
| | Ilment or lease payments: | | | |
| 17a. | Car payments for Vehicle 1 | 17a. | \$ | 0.00 |
| 17b. | Car payments for Vehicle 2 | 17b. | \$ | 0.00 |
| 17c. | Other. Specify: | 17c. | \$ | 0.00 |
| 17d. | Other. Specify: | 17d. | \$ | 0.00 |
| Your | payments of alimony, maintenance, and support that you did not report as | | | |
| | cted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | · | 0.00 |
| | r payments you make to support others who do not live with you. | | \$ | 0.00 |
| Spec | | 19. | | |
| | r real property expenses not included in lines 4 or 5 of this form or on Schee | | | |
| | Mortgages on other property | 20a. | | 0.00 |
| | Real estate taxes | 20b. | · | 0.00 |
| 20c. | Property, homeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| 20d. | Maintenance, repair, and upkeep expenses | 20d. | \$ | 0.00 |
| 20e. | Homeowner's association or condominium dues | 20e. | \$ | 0.00 |
| . Othe | r: Specify: Misc | 21. | +\$ | 20.00 |
| Cala | ulata vasus sa auth hu assa ana a | | | |
| | ulate your monthly expenses | | • | 005.00 |
| | Add lines 4 through 21. | | \$ | 665.00 |
| 220. | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | Ψ | |
| 22c. | Add line 22a and 22b. The result is your monthly expenses. | | \$ | 665.00 |
| Calc | ulate your monthly net income. | | | |
| | Copy line 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 2 262 04 |
| | Copy your monthly expenses from line 22c above. | 23a. 23b. | · | 2,362.81 |
| ۷۵۵. | Copy your monthly expenses nom line 220 above. | 230. | -Ψ | 665.00 |
| 230 | Subtract your monthly expenses from your monthly income. | | | |
| 230. | The result is your <i>monthly net income</i> . | 23c. | \$ | 1,697.81 |
| For ex | ou expect an increase or decrease in your expenses within the year after you cample, do you expect to finish paying for your car loan within the year or do you expect your cation to the terms of your mortgage? | | | or decrease because of a |
| | | | | |
| | J. | | | |

Case 21-20299 Doc 1 Filed 01/25/21 Entered 01/25/21 16:33:11 Desc Main Document Page 38 of 55

| Fill in this info | ormation to identify your | rase. | | | |
|---------------------------|---|--------------------------|----------------------------|--------------------------|---|
| | • | | | | |
| Debtor 1 | Linda Elaine Paln First Name | Niddle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States E | Bankruptcy Court for the: | WESTERN DISTRICT C | OF TENNESSEE | | |
| Case number (if known) | | | | | ☐ Check if this is an amended filing |
| | rm 106Dec ntion About a | n Individual | Dobtor's So | ehodulos | |
| Deciara | illoii Aboul a | III IIIuiviuuai | Deptol 3 30 | nedules | 12/15 |
| years, or both. | ey or property by fraud if 18 U.S.C. §§ 152, 1341, 1 gn Below | | ruptcy case can result | in tines up to \$250,00 | 00, or imprisonment for up to 20 |
| | pay or agree to pay some | one who is NOT an attor | ney to help you fill out b | pankruptcy forms? | |
| ■ No | | | | | |
| ☐ Yes. | Name of person | | | | kruptcy Petition Preparer's Notice, a, and Signature (Official Form 119) |
| | nalty of perjury, I declare are true and correct. | that I have read the sum | mary and schedules file | ed with this declaration | on and |
| X /s/ Li | nda Palmer | | X | | |
| Linda | a Elaine Palmer ture of Debtor 1 | | Signature of | Debtor 2 | |
| Date | January 25, 2021 | | Date | | |

Case 21-20299 Doc 1 Filed 01/25/21 Entered 01/25/21 16:33:11 Desc Main Document Page 39 of 55

| Fill | l in this inform | ation to identify you | r case: | | | |
|-------------------|--|--|--|--|---|---|
| De | btor 1 | Linda Elaine Pal | mer Middle Name | Last Name | | |
| | btor 2 buse if, filing) | First Name | Middle Name | Last Name | | |
| Un | ited States Ban | kruptcy Court for the: | WESTERN DISTRICT C | PF TENNESSEE | | |
| | se number | | | | _ | Check if this is an amended filing |
| St Be a | as complete a | of Financial | ible. If two married people | | equally responsible for sup | |
| | |). Answer every que | | o this form. On the top of an | y additional pages, write yo | ur name and case |
| | <u> </u> | | arital Status and Where Yo | u Lived Before | | |
| 1. | What is your | current marital statu | ıs? | | | |
| | ☐ Married■ Not marr | ied | | | | |
| 2. | During the la | st 3 years, have you | lived anywhere other than | where you live now? | | |
| | ■ No □ Yes. List | all of the places you l | ived in the last 3 years. Do i | not include where you live nov | ٧. | |
| | Debtor 1 Pri | or Address: | Dates Debtor 1 | Debtor 2 Prior Ad | ldress: | Dates Debtor 2 lived there |
| 3. stat | | | | | nity property state or territor ico, Texas, Washington and V | |
| | ■ No □ Yes. Mal | ke sure you fill out Scl | hedule H: Your Codebtors (C | Official Form 106H). | | |
| Pa | rt 2 Explair | the Sources of You | r Income | | | |
| 4. | Fill in the total | amount of income yo | u received from all jobs and | ng a business during this y all businesses, including part ve together, list it only once un | | ndar years? |
| | □ No ■ Yes. Fill | in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | | of current year until I for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$1,569.00 | ☐ Wages, commissions, bonuses, tips | |
| | | | ☐ Operating a business | | ☐ Operating a business | |

Official Form 107

Case 21-20299 Doc 1 Filed 01/25/21 Entered 01/25/21 16:33:11 Desc Main Document Page 40 of 55

| Debt | O 1 <u>LI</u> I | ilua Elailie | railliei | | | | | |
|-------------|--|--------------------------------------|---|--|--|--|---|------------------------------------|
| | | | | | | | | |
| | | | | Debtor 1 | | Debtor 2 | | |
| | | | | | Crass insame | | | Cross income |
| | | | | Sources of income Check all that apply. | Gross income (before deductions and | Sources of incor Check all that app | | Gross income (before deductions |
| | | | | onoon an mar apply. | exclusions) | onoun an mar app | .,. | and exclusions) |
| For I | ast calen | ndar year: | | Nagas sammissions | \$23,177.67 | ☐ Wages, comm | issions | |
| | | December | 31, 2020) | Wages, commissions, bonuses, tips | Ψ=0, | bonuses, tips | 3310113, | |
| | | | | <u> </u> | | ☐ Operating a bu | icinace | |
| | | | | ☐ Operating a business | | D Operating a bo | | |
| For t | he calen | dar year be | fore that: | ■ Wages, commissions, | \$28,002.00 | ☐ Wages, comm | issions. | |
| (Jan | uary 1 to | December | 31, 2019) | bonuses, tips | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | bonuses, tips | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| | | | | ☐ Operating a business | | ☐ Operating a bu | ısiness | |
| | | | | D Operating a business | | | | |
| a V L | and other winnings. List each so the control of th | public bene If you are fil | fit payments; ing a joint ca the gross inco | ner that income is taxable. Exa pensions; rental income; inter se and you have income that y ome from each source separat | est; dividends; money collector received together, list it constituted to the constitute of the consti | ted from lawsuits; ro only once under Deb | yalties; and other | |
| | | | | Debtor 1 | | Debtor 2 | | |
| | | | | Sources of income | Gross income from | Sources of incor | ne | Gross income |
| | | | | Describe below. | each source (before deductions and exclusions) | Describe below. | | (before deductions and exclusions) |
| | | ndar year: December | 31, 2020) | Unemployment & Child Support Arrears | \$3,000.00 | | | |
| | | dar year be December | | Child Support Arrears | \$500.00 | | | |
| Part | 3: Lis | t Certain Pa | ayments You | ı Made Before You Filed for I | Bankruptcy | | | |
| _ | | Neither D individual | ebtor 1 nor I primarily for a | e's debts primarily consumer Debtor 2 has primarily consu a personal, family, or househol | imer debts. Consumer debt d purpose." | | | 8) as "incurred by ar |
| | | | • | ore you filed for bankruptcy, di | d you pay any creditor a tota | I of \$6,825* or more | ? | |
| | | □ _{No.} □ _{Yes} | Go to line 7 | | | | | |
| | | □ Yes | paid that cr | each creditor to whom you pai reditor. Do not include paymen payments to an attorney for the | its for domestic support oblig | | | |
| | | * Subject | to adjustmen | t on 4/01/22 and every 3 years | s after that for cases filed on | or after the date of a | djustment. | |
| I | Yes. | | | or both have primarily consu ore you filed for bankruptcy, di | | I of \$600 or more? | | |
| | | ■ No | Co to line : | 7 | | | | |
| | | ■ No. □ Yes | Go to line 7 | | d a total of PCCO | d the total are surely | والمعالمة المعالدة | araditar Do zat |
| | | □ Yes | include pay | each creditor to whom you pai ments for domestic support ol r this bankruptcy case. | | | | |
| | Creditor' | 's Name an | d Address | Dates of payme | nt Total amount | Amount you still owe | Was this pa | yment for |

Case 21-20299 Doc 1 Filed 01/25/21 Entered 01/25/21 16:33:11 Desc Main Document Page 41 of 55

| De | Linua Elaine Palinei | | Cas | se number (ii known) | | |
|---|--|-----------------------------|-------------------------|----------------------|--------------------|---|
| | | | | | | |
| 7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corp of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. | | | | | | artner; corporation nt, including one fo |
| | NoYes. List all payments to an insider. | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for thi | s payment |
| 8. | Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or continuous payments. | | ayments or transfer a | any property on a | ccount of a debt | that benefited an |
| | No | | | | | |
| | ☐ Yes. List all payments to an insider Insider's Name and Address | Dates of payment | Total amount | Amount you still owe | Reason for thi | |
| D- | rt 4: Identify Legal Actions, Repossessio | F | pulu | Still Olic | molade orealter | Tamo |
| | List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details. | r cases, small claims actio | ns, divorces, collectic | n suits, paternity a | ctions, support or | custody |
| | Case title Case number | Nature of the case | Court or agency | | Status of the o | ase |
| 10. | Within 1 year before you filed for bankrupt Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. | | perty repossessed, f | oreclosed, garnis | hed, attached, s | eized, or levied? |
| | Creditor Name and Address | Describe the Property | / | Date | | Value of the |
| | | Explain what happen | ed | | | property |
| 11. | Within 90 days before you filed for bankru accounts or refuse to make a payment bed No □ Yes. Fill in the details. | | cluding a bank or fi | nancial institution | , set off any amo | ounts from your |
| | Creditor Name and Address | Describe the action the | ne creditor took | Date a | action was | Amount |
| 12. | Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a | | perty in the possess | ion of an assigne | e for the benefit | of creditors, a |
| | ■ No □ Yes | | | | | |
| Pa | rt 5: List Certain Gifts and Contributions | | | | | |
| 13. | Within 2 years before you filed for bankrup ■ No | otcy, did you give any gi | fts with a total value | of more than \$60 | 0 per person? | |
| | Yes. Fill in the details for each gift. | D | | 5. | | ., . |
| | Gifts with a total value of more than \$600 per person | Describe the gift | S | Dates the gi | s you gave ifts | Value |
| | Person to Whom You Gave the Gift and | | | | | |

Address:

Case 21-20299 Doc 1 Filed 01/25/21 Entered 01/25/21 16:33:11 Desc Main Document Page 42 of 55

Case number (if known)

| 14. | Within 2 years before you filed for bankru ■ No | uptcy, d | id you give any gifts or contribution | s with a total | value of more than | \$600 to any charity? | |
|-----|---|------------|---|----------------|-----------------------------------|---------------------------|--|
| | ☐ Yes. Fill in the details for each gift or co | ontributio | on. | | | | |
| | Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code | | Describe what you contributed | | Dates you contributed | Value | |
| Par | t 6: List Certain Losses | | | | | | |
| 15. | Within 1 year before you filed for bankrup or gambling? | ptcy or | since you filed for bankruptcy, did y | ou lose anyth | ning because of thef | t, fire, other disaster | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Describe the property you lost and how the loss occurred | Include | the amount that insurance has paid. Loc claims on line 33 of Schedule A/B: | ist pending | Date of your loss | Value of property lost | |
| Par | t7: List Certain Payments or Transfers | i | | | | | |
| 16. | Within 1 year before you filed for bankrup consulted about seeking bankruptcy or p Include any attorneys, bankruptcy petition p | reparin | g a bankruptcy petition? | | | rty to anyone you | |
| | □ No | | | | | | |
| | Yes. Fill in the details. | | | | | | |
| | Person Who Was Paid Address Email or website address | | Description and value of any propertransferred | erty | Date payment or transfer was made | Amount of payment | |
| | Person Who Made the Payment, if Not Y | ou | | | | | |
| | Kingdom Ministries | | for certificate of credit counse | ling | | \$30.00 | |
| | Philip F. Counce | | Counsel was paid fees on any cases plus the amount shown 2030 Compensation Statement Attorney for the Debtor(s) | on Form | | \$0.00 | |
| 17. | Within 1 year before you filed for bankrup promised to help you deal with your cred Do not include any payment or transfer that No Yes. Fill in the details. | litors or | to make payments to your creditors | | r transfer any prope | rty to anyone who | |
| | Person Who Was Paid | | Description and value of any propo | erty | Date payment | Amount of | |
| | Address | | transferred | | or transfer was made | payment | |
| 18. | transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. No | | | | | | |
| | Yes. Fill in the details. Person Who Received Transfer | | Description and value of | Describe a | iny property or | Date transfer was | |
| | Address | | property transferred | | received or debts | made | |
| | Person's relationship to you | | | | | | |

Debtor 1 Linda Elaine Palmer

Case 21-20299 Doc 1 Filed 01/25/21 Entered 01/25/21 16:33:11 Desc Main Document Page 43 of 55

Debtor 1 Linda Elaine Palmer Case number (if known)

| 19. | Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) No | | | | | |
|--|---|---|-----------------|-------------|--|---|
| | Yes. Fill in the details. | 5 | | | , . | 5.5 |
| | Name of trust | Description and v | alue of the pro | operty tran | sferred | Date Transfer was made |
| Pai | t 8: List of Certain Financial Accounts, Instr | uments, Safe Deposit | Boxes, and S | torage Uni | ts | |
| 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brok houses, pension funds, cooperatives, associations, and other financial institutions. | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of Financial Institution and L | ast 4 digits of account number | Type of acco | ount or | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
| 21. | Do you now have, or did you have within 1 year cash, or other valuables? | ar before you filed for | bankruptcy, a | ıny safe de | posit box or other deposi | tory for securities, |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acc Address (Number, State and ZIP Code) | | Describe | the contents | Do you still have it? |
| 22. | Have you stored property in a storage unit or | place other than your | home within 1 | 1 year befo | re you filed for bankrupto | :y? |
| | ■ No | | | | | |
| | Yes. Fill in the details. | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or h to it? Address (Number, State and ZIP Code) | | Describe | the contents | Do you still have it? |
| Pai | t 9: Identify Property You Hold or Control fo | r Someone Else | | | | |
| 23. | Do you hold or control any property that some for someone. | eone else owns? Inclu | ıde any prope | rty you bor | rowed from, are storing f | or, or hold in trust |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the prop (Number, Street, City, S Code) | | Describe | the property | Value |
| Pai | t 10: Give Details About Environmental Inform | nation | | | | |
| For | the purpose of Part 10, the following definition: | s apply: | | | | |
| | Environmental law means any federal, state, o toxic substances, wastes, or material into the regulations controlling the cleanup of these states. | air, land, soil, surface | water, groun | | | |
| | Site means any location, facility, or property a to own, operate, or utilize it, including disposa | - | environmental | law, wheth | ner you now own, operate | , or utilize it or used |
| | Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. | | | | | |

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Case 21-20299 Doc 1 Filed 01/25/21 Entered 01/25/21 16:33:11 Desc Main Document Page 44 of 55

Debtor 1 Linda Elaine Palmer

Case number (if known)

| 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? | | | | | | | | |
|--|--|--|-------------------------------------|--------------------|--|--|--|--|
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | | |
| 25. | Have you notified any governmental unit of any | , | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | | |
| 26. | Have you been a party in any judicial or adminis | strative proceeding under any envir | onmental law? Include settlements a | nd orders. | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case | | | | |
| Par | 11: Give Details About Your Business or Conn | nections to Any Business | | | | | | |
| 27. | Within 4 years before you filed for bankruptcy, d | did you own a business or have any | of the following connections to any | business? | | | | |
| | ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time | | | | | | | |
| | ☐ A member of a limited liability company | (LLC) or limited liability partnershi | p (LLP) | | | | | |
| | ☐ A partner in a partnership | | | | | | | |
| | ☐ An officer, director, or managing executi | ive of a corporation | | | | | | |
| | ☐ An owner of at least 5% of the voting or | equity securities of a corporation | | | | | | |
| | ■ No. None of the above applies. Go to Part 1 | 12. | | | | | | |
| | ☐ Yes. Check all that apply above and fill in th | ne details below for each business | | | | | | |
| | | scribe the nature of the business | Employer Identification number | | | | | |
| | Address (Number, Street, City, State and ZIP Code) | me of accountant or bookkeeper | Do not include Social Security r | umber or ITIN. | | | | |
| 28. | Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. | | | | | | | |
| | ■ No □ Yes. Fill in the details below. | | | | | | | |
| | Name Dat Address (Number, Street, City, State and ZIP Code) | te Issued | | | | | | |
| | | | | | | | | |

Case 21-20299 Doc 1 Filed 01/25/21 Entered 01/25/21 16:33:11 Desc Main Document Page 45 of 55

Case number (if known) Debtor 1 Linda Elaine Palmer Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Linda Palmer Linda Elaine Palmer Signature of Debtor 2 Signature of Debtor 1 Date **Date January 25, 2021** Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms? ■ No

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$78 | administrative fee |
| + \$15 | trustee surcharge |
| \$338 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$571 administrative fee \$1,738 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$78 | administrative fee |
| | \$278 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$78 | administrative fee |
| | \$313 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/forms/bankruptcy-forms

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses.

In Alabama and North Carolina, go to: http://www.uscourts.gov/services-forms/bankruptcy/cre dit-counseling-and-debtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 21-20299 Doc 1 Filed 01/25/21 Entered 01/25/21 16:33:11 Desc Main Document Page 50 of 55

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Western District of Tennessee

| Debtor(s) Disclosure of compensation of attorney for | | 13 ERTOP(S) | |
|---|----------------------|--------------------|---------------------------|
| DISCLOSURE OF COMPENSATION OF ATTORNEY F | | TRTOD(S) | |
| | bove nam | EDIOK(S) | |
| Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the a compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy cas | o be paid | to me, for service | that es rendered or to |
| For legal services, I have agreed to accept \$ | | 3,800.00 | |
| Prior to the filing of this statement I have received \$ | | 0.00 | |
| Balance Due \$ | | 3,800.00 | |
| 2. The source of the compensation paid to me was: | | | |
| ■ Debtor □ Other (specify): | | | |
| 3. The source of compensation to be paid to me is: | | | |
| ■ Debtor □ Other (specify): | | | |
| 4. I have not agreed to share the above-disclosed compensation with any other person unless they | are mem | bers and associat | es of my law firm. |
| ☐ I have agreed to share the above-disclosed compensation with a person or persons who are not copy of the agreement, together with a list of the names of the people sharing in the compensation. | | | my law firm. A |
| 5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the ban | kruptcy c | ease, including: | |
| a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining who be the preparation and filing of any petition, schedules, statement of affairs and plan which may be recovered to the debtor at the meeting of creditors and confirmation hearing, and any adjoint of the provisions as needed. Preparation and filing of the petition and schedules and attendance of the meaning. | quired; arned hea | rings thereof; | |
| 6. By agreement with the debtor(s), the above-disclosed fee does not include the following service: Representation of the debtors in any matters not set out above. | | | |
| CERTIFICATION | | | |
| I certify that the foregoing is a complete statement of any agreement or arrangement for payment to this bankruptcy proceeding. | me for re | epresentation of t | he debtor(s) in |
| January 25, 2021 /s/ Philip F. Counce | | | |
| Date Philip F. Counce 007942 Signature of Attorney | | | |
| Philip F. Counce | | | |
| 3333 Poplar Avenue | | | |
| Memphis, TN 38111 901-458-0555 Fax: 901-458 | 3-1701 | | |
| pfcounce@bellsouth.net | | | |
| Name of law firm | | | |

Case 21-20299 Doc 1 Filed 01/25/21 Entered 01/25/21 16:33:11 Desc Main Document Page 51 of 55

United States Bankruptcy CourtWestern District of Tennessee

| | | Western District of Tellifessee | | |
|------|-------------------------------------|--|---------------------|-----------------------|
| ı re | Linda Elaine Palmer | | Case No. | |
| | | Debtor(s) | Chapter | 13 |
| | | | | |
| | VERIFICATION OF CREDITOR MATRIX | | | |
| ab | ove-named Debtor hereby verifies th | nat the attached list of creditors is true and | correct to the best | of his/her knowledge. |
| te: | January 25, 2021 | /s/ Linda Palmer | | |
| | | Linda Elaine Palmer | | |

Signature of Debtor

Albertelli Law 401 Commerce St., Suite 150 Nashville, TN 37219

American Inforsource LP P.O. Box 248838 Oklahoma City, OK 73124-8838

AT&T Attn: Bankruptcy Dept One AT&T Way, Room 3A104 Bedminster, NJ 07921

Bridgecrest Credit / DriveTime Credit Co Attn: Bankruptcy Dept PO Box 29018 Phoenix, AZ 85038

BSI Financial Services 314 S Franklin St./ Second Floor PO Box 517 Titusville, PA 16354

BSI Financial Services 1425 Greenway Drive, Ste 400 Irving, TX 75038

BSI Financial Services & Servis One Inc 7500 Old Georgetown Road, Suite 1350 Bethesda, MD 20814

Caballero Family Healthcare Group c/o Universal Collection Systems 5240 Mendenhall Park Place Memphis, TN 38115

Capital One Bank Attn: Bankruptcy P. O. Box 30285 Salt Lake City, UT 84130-0285

Capital One Bank PO Box 70884 Charlotte, NC 28272

Citibank PO Box 6500 Sioux Falls, SD 57117

City Direct LLC 5116 Raleigh LaGrange Rd Bartlett, TN 38134 City of Memphis EMS Services Dpt 527 PO Box 1000 Memphis, TN 38148

City of Memphis Treasurer 125 North Main #375 Memphis, TN 38103

Credit Acceptance Corporation Silver Triangle Building 25505 W. Twelve Mile Rd. Suite 3000 Southfield, MI 48034

Drive Time Credit Company Attn: Bankruptcy Dept PO Box 52020 Phoenix, AZ 85072

FedLoan Servicing PO Box 69184 Harrisburg, PA 17106-9184

Fenton & McGarvey Law Firm, PSC Attorneys at Law 2401 Stanley Gault Pkwy Louisville, KY 40223

First Metropolitan Financial 6295 Summer Ave., Suite 101 Memphis, TN 38134

General Sessions Court Docket No. 1879407 140 Adams Ave., # 106 Memphis, TN 38103

General Sessions Court Docket No. 1662766 140 Adams Ave., # 106 Memphis, TN 38103

General Sessions Court Docket No. 1201109 140 Adams Ave., # 106 Memphis, TN 38103

Jefferson Capital Systems, LLC PO Box 7999 Saint Cloud, MN 56302-9617

Memphis Surgery Associates PC St Francis Universal Collection Systems 5240 Mendenhall Park Place Memphis, TN 38115 Navient Department of Education Loan Servicing P.O. Box 9635 Wilkes Barre, PA 18773-9635

Ocwen Loan Servicing, LLC Attn: Bankruptcy Dept. PO Box 24781 West Palm Beach, FL 33416-4781

Pace Financial, LLC Attention: Bankruptcy Dept PO Box 682187 Franklin, TN 37068

Pace Financial, LLC, FDBA City Direct, LLC and Park Funding c/o Stone, Higgs & Drexler 150 Court Avenue Memphis, TN 38103

Padgett Law Group 6267 Old Water Oak Rd, Suite 203 Tallahassee, FL 32312

Remesha Palmer 2315 North Tennessee Blvd # 616 Murfreesboro, TN 37130

Resurgent Capital Serivces PO Box 10587 Greenville, SC 29603

Shapiro & Ingle, LLP 10130 Perimeter Parkway, Suite 400 Charlotte, NC 28216

Shelby County Trustee P.O. Box 2751 Memphis, TN 38101-2751

Speedy/Rapid Cash PO Box 780408 Wichita, KS 67278

Stone, Higgs & Drexler Attorneys at Law 150 Court Avenue Memphis, TN 38103

Suntrust Bank Bankruptcy Dept PO Box 85092 Richmond, VA 23286 Universal Collection Systems PO Box 751090 Memphis, TN 38175

US Bank Home Mortgage Attn: Bankruptcy Dept 4801 Frederick St. Owensboro, KY 42301

US Department of Education Attn: Bankruptcy 400 Maryland Ave. SW Washington, DC 20202